

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2354-370				
<p style="text-align: center; margin: 0;">CERTIFICATE OF MAILING</p> <p style="font-size: small; margin: 0;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p style="margin: 0;">Signature: _____</p> <p style="margin: 0;">Name: _____</p>	In re Application of Chai et al.					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/562,778</td> <td style="width: 40%; padding: 2px;">Filed 06/30/2004</td> </tr> </table>		Application Number 10/562,778	Filed 06/30/2004		
	Application Number 10/562,778	Filed 06/30/2004				
	For METHODS AND COMPOSITIONS FOR TREATING DISORDERS OF THE EXTRACELLULAR MATRIX					
Group Art Unit 1644	Examiner Maher M. Haddad					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) \$ _____ <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) \$ _____ <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) \$ <u>1110</u> <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) \$ _____ </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> A check to cover the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet. </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____. </div> <div style="margin-left: 40px; margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> _____ /Edwin V. Merkel/ Signature </td> <td style="width: 50%; text-align: center;"> _____ April 16, 2009 Date </td> </tr> <tr> <td style="text-align: center;"> _____ Edwin V. Merkel Typed or printed name </td> <td style="text-align: center;"> _____ (585) 263-1128 Telephone Number </td> </tr> </table> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			_____ /Edwin V. Merkel/ Signature	_____ April 16, 2009 Date	_____ Edwin V. Merkel Typed or printed name	_____ (585) 263-1128 Telephone Number
_____ /Edwin V. Merkel/ Signature	_____ April 16, 2009 Date					
_____ Edwin V. Merkel Typed or printed name	_____ (585) 263-1128 Telephone Number					
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.						

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